

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-4-04</u>		2 Serial/Patent # <u>09/970,427</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	8	4/8/04	\$ 475 <sup>00</sup>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 475 <sup>00</sup>								
8 TO BE REFUNDED BY:											
10 REASON:		<input type="checkbox"/> Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>1</td><td>9</td><td>2</td><td>2</td></tr></table>			5	0	--	1	9	2	2
5	0	--	1	9	2	2					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>unnecessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAN LAYMON</u>		TITLE: <u>Ret. Exam.</u>									
SIGNATURE: <u>Wan Laymon</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/4/04</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**